## **Department of Homeland Security** U. S. Coast Guard CG PSC-3600 (Rev. 6/03)

## DESIGNATION OF BENEFICIARY FOR PAYMENT OF UNPAID RETIRED PAY

1. Name (First, Middle, Last)			2. Grade	/Rate	3. Social Security Number			
		a 2771, Title 10, U.S at the time of your d		l 4 CFR	Part 34, you r	may designate whomev	ver you wish to	
I am aware tha						ayable at my death. R Part 34, this designa	tion will remain	
III CITCCT UIIICS		esignated Benefici	arv/Benefic	riaries (S	See examples	on reverse)		
NAME (First, Middle Initial, Last)		Relationship	Address (Including Zip Code) And Phone Number (Including Area Code)		Date Of Birth	SHARE (Total Must Equal 100%)		
a.								
b.								
c.								
d.								
5. Date	6. Signature Of Re	etired Member			7. Signature Of	gnature Of Witness		
8. Current Address (Including Zip Code) And Phone Number (Including Area Of Retired Member			Code)		dress Of Witness (Including Zip Code) And Phone per (Including Area Code)			
that is due and (1) Surviving (2) Children a (3) Father and (4) Legal repri (5) Person en	I payable will be payable will be payable will be payable and their descend domother in equal resentative.  It titled under the later the later will be payable will be payabl	paid in the following ants, by representati parts or, if either is aw of the domicile of	g order of priction.  dead, the suff the decease	recedence urvivor.	ee: ber.	iciary at the time of yo		
	xists as to the per Appeals (DOHA)		tled to payn	nent, set	lement will b	e made by the Defense	e Office of	
444 SE QUINCY ST TOPEKA KS 66683-3591			If any of your designated beneficiaries dies, or if you divorce, you must submit a new CGPSC-3600 form immediately.  TEMENT ON REVERSE					

## **EXAMPLES OF DESIGNATIONS**

How to designate one beneficiary:

NAME (First, Middle Initial, Last)	RELATIONSHIP	ADDRESS (Including ZIP Code)	DATE OF	SHARE (Total
		AND PHONE NUMBER (Including	BIRTH	must equal 100%)
		Area Code)		
		2808 Southern Ave.		
Jane L. Doe*	Sister	Williams IN 46728	7-9-2002	100%
		785-339-3415		

How to designate MORE than one beneficiary:

NAME (First, Middle Initial, Last)	RELATIONSHIP	ADDRESS (Including ZIP Code) AND PHONE NUMBER (Including Area Code)	TELEPHONE (Including Area Code)	SHARE (Total must equal 100%)
Jane L. Doe**	Aunt	110 Prince St. Anniston NY 14607 785-339-3415	7-9-2002	25%
Jenny P. Doe	Niece	230 Duke St. Anniston NY 14607 785-339-3415	7-9-2002	25%
Janet F. Doe	Mother	2301 State St. Weaver OH 44405 785-339-3415	7-9-2002	50%

How to designate a contingent beneficiary:

=== 11				
NAME (First, Middle Initial, Last)	RELATIONSHIP	ADDRESS (Including ZIP Code)	DATE OF	SHARE (Total
		AND PHONE NUMBER	BIRTH	must equal 100%)
		(Including Area Code)		
		244 S. Ann St.		
John R. Doe, if living	Father	Olney, GA 31204	7-9-2002	100%
		785-339-3415		
Otherwise to:		2808 Southern Ave.		
Jane L. Doe	Sister	Williams IN 46728	7-9-2002	100%
		785-339-3415		

- \* Do not write name as J. L. Doe or as Mrs. John H. Doe.
- \*\* Be sure that the shares to be paid to the several beneficiaries add up to 100%.

## PRIVACY ACT STATEMENT

In accordance with 5 USC 552a(e)(3), the following information is provided to you when supplying personal information to the U. S. Coast Guard.

- 1. **AUTHORITY** which authorized the solicitation of the information: 10 USC Section 2771.
- 2. **PRINCIPAL PURPOSE(S)** for which information is intended to be used: Used to designate a beneficiary for unpaid retired pay upon demise of retiree.
- 3. The **ROUTINE USES** which may be made of the information: Used to determine who receives last payment of unpaid retired pay after retiree's demise.
- 4. Whether or not **DISCLOSURE** of such information is mandatory or voluntary (required by law or optional) and the effects on the individual, if any, of not providing all or any part of the requested information: Disclosure of this information is voluntary, but without disclosure, an individual the retiree wanted as a beneficiary may not receive the final pay.